Southeastern Stamp Expo 2022 Official Exhibit Entry Form

Please reserve frames in Southeastern Stamp Expo, January 28-30, 2022

Exhibitor's Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Telephone Number(s): _____
E-Mail Address: _____

Exhibit Title: _____
Description: _____
_____
_____
Number of (sixteen 8 1/2x11 page) Frames: _____ Number of Oversized Pages? _____
List your name in the program? Y N If no, please provide a pseudonym _____
Delivery of Exhibit (Select): In Person ____ Agent (if applicable) ____ By Mail ____
My Appointed Agent is: _____
Return Exhibit (Select): In Person _ Express Mail _ Priority Mail _ Registered Mail _ Insured Mail _ Other _
Classification of the Exhibit per APS Judging Manual:
General Class __ Single Frame Class __ Youth Class __

Birth Date (if under 22) _____ **1st Time National Class Exhibitor?** Y N
I will attend the Expo Y N **I will stay at the Expo hotel (room rate $107)** Y N
Member of a Southeast Federation Stamp Club? Y N
Other Society Memberships (Please List): _____
_____

Entry Fees & Postage:	**Mulitframe** @ $16 per frame:	$	_____
MAKE CHECKS PAYABLE TO	**Single Frame** @ $30	$	_____
"**Southeast Federation of Stamp Clubs**"	**Return Postage enclosed**:	$	_____
	Tickets to Awards Banquet@$60 ea.	$	_____
Donation(s):	**Beacon ($100)**	$	_____
Recognized in the Show Program	**Hospitality ($50)**	$	_____
and acknowledged with a tax letter	**Program ($25)**	$	_____
	Exhibition ($25)	$	_____
	Total Enclosed	$	_____

I agree that the decision of the judges shall be final, and hereby release and agree to hold harmless the judges, the SESE, the SEFSC and the American Philatelic Society, its officers, directors, employees and representatives from any damages, including but not limited to damages to my reputation or that of my exhibit, suffered or incurred as a result of the judging. I agree to abide by the SESE & APS rules and regulations.

Exhibitor's Signature: _____ Date: _____
(If submitted electronically, your signed check and payment indicates acceptance of the above conditions. You may also sign, scan and email.)
Use back of form to provide special mounting and/or return mailing instructions.

Mail this form, your check and SEVEN (7) copies of your title page/synopsis to:

SEFSC, P.O. Box 71657
Marietta, GA, 30007-1657
Attn: Exhibit Chair